

 ***COMITATO REGIONALE SICILIA***

**REGISTRATION FORM MEDITERRANEAN RACE CUP CATANIA 2015**

**TEAM**

**TEAM CODE**

 **E MAIL:**

 **SURNAME & NAME GENDER YEAR OF BIRTH CATEGORY**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**The undersigned President declares that every athlete above is in possession of the medical certificate required by current legislation** .

**Date The President of the team**